Check if

NAME OF COMMITTEE (In Full)

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

MIZED INDEPENDENT EXPENDITURES				PAGE 7040 OF 7051 FOR LINE 24 OF FORM 3X			
E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼			
OVEON.ORG POLITICAL ACTION				C C00341396			
k if 24-hour report 48-hour report	New re	eport Amends repo	rt filed or	M M / D D / Y Y Y Y			
Full Name of Payee Influental Data				Date of Public Distribution/Dissemination			
Mailing Address 600 Pennsylvania Ave. SE			A	Amount			
Dity S	tate	Zip Code		246.00			
	С	20003		ansaction ID : SE.46901 Date of Disbursement or Obligation			
Purpose of Expenditure Phone Calls		Category/ Type		M 10 / 31 / Y 2014			
Name of Federal Candidate		Support	Office S	Sought: House District: 00			
EANNE SHAHEEN		Oppose		resident X Senate State: NH			
Calendar Year-To-Date Per Election for Office Sought		2281.09	Disburse 2014	ement For: Primary X General Other (specify) ▶			
Full Name of Payee				Date of Public Distribution/Dissemination			
Moonlight Design				10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 1324 Palms Blvd.			,	Amount			
Dity S	State	Zip Code		60.00			
Venice	CA	90291		ransaction ID : SE.46638 Date of Disbursement or Obligation			
Purpose of Expenditure Ad Design		Category/ Type		10 17 2014			
Name of Federal Candidate		Support	Office S	Sought: House District: 00			
CORY GARDNER		Oppose	P	resident \overline{X} Senate State: \underline{CO}			
Calendar Year-To-Date Per Election for Office Sought		141510.18	Disburs 2014	ement For: Primary X General Other (specify) ▶			
a) SUBTOTAL of Itemized Independent Expenditures			. [306.00			
			, F				
) SUBTOTAL of Unitemized Independent Expenditure	s		• •				
TOTAL Independent Expenditures							

Under penalty of perjury I certify that the independent expend with, or at the request or suggestion of, any candidate or auth party committee) any political party committee or its agent.

Tom Matzzie	[Electronically Filed]	Date	03	10	2015
Signature					
Jigilatule					